

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/570584

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53		/				
4		/					54		/				
5		/					55		/				
6		/					56		/				
7		/					57		/				
8		/					58		/				
9		/					59		/				
10		/					60		/				
11		/					61		/				
12		/					62		/				
13		/					63		/				
14		/					64	/					
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16		/					66		/				
17		/					67		/				
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22		/					72		/				
23		/					73		/				
24		/					74		/				
25		/					75	/					
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28		/					78		/				
29		/					79		/				
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31		/					81		/				
32		/					82		/				
33		/					83	/					
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36		/					86	/					
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38		/					88		/				
39		/					89		/				
40		/					90		/				
41		/					91		/				
42		/					92		/				
43		/					93		/				
44		/					94		/				
45		/					95		/				
46		/					96		/				
47		/					97		/				
48		/					98		/				
49		/					99		/				
50		/					100		/				
TOTAL IND.		↓		↓		↓	TOTAL IND.	7	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	83	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	90					

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